

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17342

FILED JUN 12 1943

Registration District No. 3-8

Primary Registration District No. 3.006-

Registrar's No. 117

PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Boone Co Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether
In this community all of his life
years, months or days)

3. (a) PRINT FULL NAME Charley Curtis Jennings

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ella Jennings 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Dec 21 1878
(Month) (Day) (Year)

8. AGE: Years 64 Months 3 Days 29 If less than one day hr. min.

9. Birthplace Boone Co. Mo
(City, town, county) (State or foreign country)

10. Usual occupation Real Estate & Insurance

11. Industry or business

MOTHER FATHER { 12. Name J. C. Jennings
13. Birthplace Boone Co. Mo
(City, town, county) (State or foreign country)
14. Maiden name Esther Rowland
15. Birthplace Boone Co. Mo
(City, town, county) (State or foreign country)

16. (a) Informant Mr. C. Jennings
(b) Address Centralia Mo

17. (a) Burial (b) Date thereof 4/20-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centralia Mo Cem

18. (a) Signature of funeral director M. M. [unclear]
(b) Address 5-5 Centralia Mo

19. (a) 4-19-1943 (b) Eolna H. Barber
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Boone
(c) City or town Columbia Centralia
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? (No) (Yes/No)
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18
year 1943 hour 8 minute 40 P. M.

21. I hereby certify that I attended the deceased from 1941
19 19 to April 18 19 43
that I last saw him alive on April 18, 43
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Descending Colon
Due to 462

Other conditions (Include pregnancy within 3 months of death)
Major findings: Ca. of Colon. Colonostomy done - Aug. 1941
Of autopsy ✓

PHYSICIAN Underline the cause to which death should be charged statistically.
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ---
(b) Date of occurrence ---
(c) Where did injury occur? --- (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ---

While at work (Specify type of place) (e) Means of injury
23. Signature Frank W. Sanders, M.D. (M. D. County) Mo
Address Centralia Mo Date signed 4/19/43

DEC 28 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed W. McSaid

Licensed Embalmer No. 4313

P. O. Address: Centerville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.